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APPLICANTS

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** CONTINUING DATA *****
BAP (NONE)

** FOREIGN APPLICATIONS *****
BAP (NONE)

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
** 08/20/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature _____ Initials BAP	CA	13	30	3

ADDRESS
20985
FISH & RICHARDSON, PC
12390 EL CAMINO REAL
SAN DIEGO , CA
92130-2081

TITLE
Transporting variable length ATM AAL CPS packets over a non-ATM-specific bus

FILING FEE RECEIVED 890	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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